

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. \_\_\_\_\_

06-0438

ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

**NTS SERVICES CORP.**

Application for a certificate of local or interexchange authority to operate as a reseller or facilities based carrier of telecommunications services statewide in the State of Illinois.

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

CHIEF CLERK'S OFFICE

2006 JUN - 7 A 11:33

ILLINOIS  
COMMERCE COMMISSION

**GENERAL**

1. Applicant's Name (including d/b/a, if any)

FEIN # 37-1360542

NTS SERVICES CORP.

Address: Street : 205 Enterprise Dr.

City: Pekin State/Zip: IL 61554

2. Authority Requested: (Mark all that apply)

- ☒ 13-403 Facilities Based Interexchange  
☒ 13-404 Resale of Local and/or Interexchange  
☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers  
☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for  
Local Exchange Telecommunications Carriers in the State of Illinois  
☒ Section 735.180 Directories  
\_\_\_\_\_ Other

Applicant currently is using an accounting system that complies with Generally Accepted Accounting Procedures (GAAP). This system has allowed applicant to timely file its Annual Reports with this Commission. Applicant believes that the waivers requested will aid in its ability to provide service to customers in its authorized area.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document; **Attached**
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; **Attached**
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; **Attached**
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. **Attached**

5. In what area of the state does the Applicant propose to provide service? **IL**

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) Telephone number, (v) facsimile number, and (vi) e-mail address. **See Contact List attached hereto as Exhibit A.**

7. Please check type of organization?

☐ Individual                      ☒ Corporation  
☐ Partnership                      Date corporation was formed: May 1992  
In what State? **IL**  
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s). **IL**

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?  
\_\_\_\_\_ YES (Please provide details) \_\_\_\_\_X\_\_\_\_\_ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_X\_\_\_\_\_ NO

12. Has Applicant provided service under any other name?  
\_\_\_\_\_X\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list. In 5/96 Applicant was incorporated as National Transmission Services, Ltd.; 8/16/96 Name Changed to NTS Communications Corp.; 2/9/99 Name Changed to NTS Services Corp.

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_\_X\_\_\_\_\_ YES \_\_\_\_\_ NO  
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested. N/A

### MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **Resumes Attached**

15. List officers of Applicant:

Daniel L. R. Johnson, President  
Daniel L.G. Johnson, Vice President  
Marvel Arlene Johnson, Secretary/Treasurer

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_\_ YES \_\_\_\_\_X\_\_\_\_\_ NO  
If YES, list entity. \_\_\_\_\_ N/A

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Flat rate . See sample phone bill attached hereto as Exhibit B.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

**Service/Billing Complaints:** The customer can notify the company by phone or email 24/7. The customer's complaint is entered into the Company's system. The Supervisor of the tech department will call the customer upon customer notification and/or the following business day to discuss a resolution of the complaint. If the customer and company are unable to resolve the

complaint to their mutual satisfaction, the Company will inform the customer of his or her right to file a complaint with the Illinois Commerce Commission in accordance with the Commission's rules and procedures.

**Billing Complaint:** The customer shall notify the Company in writing of any disputed items on a bill or invoice within sixty (60) days of the date of the billing or invoice, and must pay any portion of the bill that is not in dispute. The Company will call the customer as soon as the dispute arrives and will try to resolve the complaint with the customer. If the customer and the company are unable to resolve the dispute to their mutual satisfaction, the Company will inform the customer of his or her right to file a complaint with the Commission in accordance with its rules and procedures.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ X YES ☐ NO
20. What telephone number(s) would a customer use to contact your company? (309) 353-5632 or (800) NTS-1096
21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?  
☒ X YES ☐ NO
22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Slamming Procedures:** Applicant will use a written letter of agency setting forth 1) the consumer's intent to change; 2) the consumer's information (phone number(s) to be changed, name as appears on the phone bills, and address); 3) a statement that the consumer agrees to designate the new carrier as the agent to make the change; and 4) that the consumer understands that a fee for the change may be charged to the consumer. Additionally, pursuant to Illinois law on slamming, company will provide written notice to the consumer of the change. The written notice will 1) be sent via first class mail, postage pre-paid; 2) be a separate document from billing; 3) be sent to the consumer no later than 10 days after the carrier has changed the service; 4) be written in 10-point typeset or larger; 5) be written in plain language that describes the change; 6) contain a toll free number for the consumer to contact Company if they wish to cancel the change. **Cramming Procedures:** After a sale is made or an application for service is received, the Company will use a written notification process to remind the customer of the sale and provide them with a means of backing out of the sale. The written notice will 1) be sent via first class mail, postage pre-paid; 2) be a separate document from billing; 3) be sent to the consumer no later than 10 days after the company has initiated the service; 4) be written in 10-point typeset or larger; 5) be written in plain language that describes the additional service; and 6) contain a toll free number for the consumer to contact Company if they wish to cancel the addition.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756,

757, 770, and 772? ☒ YES ☐ NO (If no, please provide an explanation.)  
Except for Parts 710 and 735. See response to #3 above.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?  
☒ YES ☐ NO

#### **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

**Current Balance Sheet attached hereto as Exhibit C. Profit and Loss Statement attached here to Exhibit D.**

#### **TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

205 Enterprise Dr., Pekin, IL 61554

NTS SERVICES CORP. (CLEC) owns and maintains its owns infrastructure along with utilizing Gallatin River Communications (ILEC's) infrastructure through a Collocation Agreement and AERO Communications, LLC's infrastructure including "public switch" for bandwidth and digital voice services.

Through a Collocation Agreement with Gallatin River Communications (ILEC), Gallatin River wholesales NTS (CLEC) a "Loop" (ILEC's infrastructure and equipment). NTS's equipment is located at the customer premises and the Central Office or Remote Office where data or voice is received from the premises utilizing the equipment of Gallatin River and NTS. The exchange of data and voice is then routed through the NTS equipment and infrastructure to AERO, through AERO's public switch. AERO charges NTS Service Corp. a wholesale cost per data port for which data is transmitted through their bandwidth, equipment, infrastructure and public switch.

If NO, which facility provider(s)'s services does the Applicant intend to use? N/A

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

NTS SERVICE CORP. is in the business of providing dial-up internet and high speed internet, with plans to deploy VoIP and POTS (Traditional Phone Service). NTS Services Corp. receives services from Gallatin River Communications and AERO Communications, LLC at wholesale

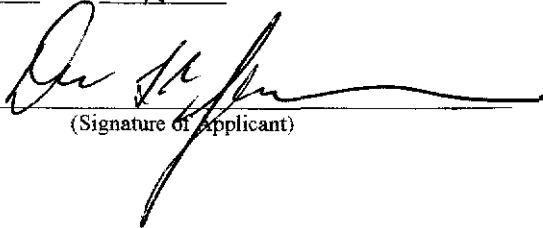
pricing in order for it to provide data and voice services. The consumer will be offered many options to purchase these services separately or as a "bundled" product.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ X ☐ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls;

unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_\_ YES ☒ NO

  
\_\_\_\_\_  
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of ILLINOIS  
County of HAZARD  
(ss)

DANIEL L JOHNSON makes oath and says that he is  
(Insert here the name of affiant)  
President/CEO  
(Insert the official title of the affiant)

of NTS SERVICES CORP  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public  
(Title of person authorized to administer oaths)  
in the State and County above named, this 31<sup>st</sup> day of May, 2006.

[Signature]  
(Signature of person authorized to administer oaths)

